E	E				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Number 10/010,742					
FEE TRANSMITTAL				Filing Date		November 30, 2001			
le a TROK				First Named Inventor		Davin C. Dillon			
for FY 2006				Examiner Name		Teresa E. Strzelecka			
Apple ant claims sr	mall entity sta	tus. See 37 C	FR 1.27	Art Unit		1637			
AL AMOUNT OF PAYMENT (\$)910				Attorney Do	omey Docket No. 21012		C7		
METHOD OF PAYME	NT (check al	that apply)	,				~		
	<u>-</u>	Money Order	Other	(please identify	v):				
Deposit Account	_	ccount Numbe	_	••		Seed IP Law	Group PLLC		
For the above-ide	•			•			•		
☐ Charge fee(•				•		pt for the filing	j fee	
= '	•	e(s) or underpa	ayments	Charge any	underpaym	nents or credi	t any overpaym	ents	
of fee(s) und	der 37 CFR 1	.16 and 1.17	•						
Warning: Information of information and authorize			. Credit card in	nformation should	d not be inclu	ded on this for	m. Provide credit	card	
FEE CALCULATION	(All the fees	below are du	e upon filin	g or may be su	ubject to a	surcharge.)			
1. BASIC FILING, SE	EARCH, AND	EXAMINATIO	ON FEES						
FILING FEES SEARCE				CH FEES		INATION EES			
		Small Entity	!	Small Entity	L	Small Entity			
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paic	1 (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65	-		
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F	EES						Small	I Entity	
Fee Description						1		e (\$)	
Each claim over 20 (inc	cluding Reissu	es)					50	25	
Each independent clair			•				200 1	100	
Multiple dependent clai	•	- /					360 1	180	
Total Claims Extra Claims		ims Fo	ns Fee (\$)		Fee Paid (\$)		Multiple Dependent Cla		
5 -20 or HP =		X				Fee (\$)	Fee Pai		
HP = highest number	_	•	eater than 20)					
Indep. Claims	Extra Cla	-	ee (\$)	Fee Paid	(\$)			_	
1 -3 or HP =		<u>шіз</u> <u>т</u>	= <u>ec (</u> ⊕)		1 1 1 1				
HP = highest number	Ξ.	-							
3. APPLICATION SIZE		ni viaims paid	ioi, ii gieatei	ulali J					
If the specification and under 37 CFR 1.52(e) thereof. See 35 U.S.	d drawings ex	ion size fee du	ie is \$250 (\$ ²						
Total Sheets	Extra Shee			additional 50 c	or fraction t	hereof Fo	e (\$)	aid (\$)	
-100 =				p to a whole nu			VW/ I GG P	710 (A)	
		/50 =	(round u	p to a whole fit	anibei)	х _	Fees P		
4. OTHER FEE(S)	N= 0400 C	- /	الاستنجام المسالم والمالة				rees P	alu (#)	
Non-English Specifica		•			C)				
Other (e.g., late filing		-	Jontinued Ex	amination (RC	<u> </u>		<u>79</u>		
One month e	extension of ti	<u>me</u>					12	<u>20</u>	
SUBMITTED BY			···		· · · · · · · · · · · · · · · · · · ·				
Signature	Pulie	1/2not		istration No. orney/Agent)	50,461	Telephone	206-622-4900	,	
Name (Print/Type)	~ <i>y</i> ~	ter, Ph.D., Pat		zinoji igonij		Date	March 14, 200)6	
Traine (Find Type)	77.5 7. 01 44	,, . a	Agoilt						